

BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: May 18, 2005

Division: Administration

Bulk Item: Yes No **X**

Department: Administration

Staff Contact Person: Tom Willi

AGENDA ITEM WORDING:

Presentation and discussion of Health CAP benefits plan.

ITEM BACKGROUND:

The Health CAP Benefits plan is a medical reimbursement plan that may be provided at no additional cost to the County that would provide significant savings to Monroe County in delivering employee benefits without changing the current benefit structure or current provider, while increasing employee available spend-able dollars for medical care expenses and adding to existing benefits.

PREVIOUS RELEVANT BOCC ACTION:

CONTRACT/AGREEMENT CHANGES:

STAFF RECOMMENDATIONS:

Direction to staff requested.

TOTAL COST: NA

BUDGETED: Yes No

COST TO COUNTY: NA

SOURCE OF FUNDS: NA

REVENUE PRODUCING: Yes ___ No ___ **AMOUNT PER MONTH**___ **Year** ___

APPROVED BY: County Atty _____ OMB/Purchasing _____ Risk Management _____

DIVISION DIRECTOR APPROVAL: _____
(TYPE NAME HERE)

DOCUMENTATION: Included _____ Not Required X

DISPOSITION:	AGENDA ITEM #
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